2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2005 8:00 am
Secretary of State
02-03-2005 90034 026 ***150.00

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1. Entity Name
STEVE SORENSEN CHRYSLER, DODGE, JEEP, INC.

Principal Place of Business	Mailing Address
21529 HWY 27 LAKE WALES, FL 33859	P.O. BOX 3906 LAKE WALES, FL 33859

66005264

01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2736912
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASSO, KATHY
21500 HWY 27
LAKE WALES, FL 33859

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SORENSEN, STEPHEN D.
STREET ADDRESS	21500 HWY 27
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	VTD
NAME	SCHADE, STEVE
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	SD
NAME	MADER, MARK
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	NELSON, DEAN
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	SORENSEN, PAUL
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Basso Kathy BASSO 1/28/05 863-676-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #